

Consent For STEMI Management By Personal Cardiologist

Your ED physician has determined that you are likely experiencing a myocardial infarction, commonly known as a "heart attack". Your physician has determined that the type of event you are likely experiencing (ST Elevation Myocardial Infarction) needs urgent treatment in order to prevent or minimize the risk of permanent damage to your heart. Your ED physician has or will explain the treatment options and recommendations available for you.

The Center for Medicare and Medicaid Resources, an agency of the federal government, as well as other Quality Improvement organizations have published "best practices" recommendations calling for definitive treatment of this condition within 90 minutes of patient presentment to the hospital.

This facility has an "on call" team of heart specialists who can provide the treatment that the physician diagnosing your condition recommends within this time frame. By signing this document in the space below, you confirm that you wish for us to arrange for our on call team to provide you with the appropriate treatment options.

Signed: _____ Date: _____ Time: _____

You have the right to request that your own heart specialist (cardiologist) perform this treatment, or take over your care, if the physician is a member of our medical staff. If this is the case, we will do our best to contact that physician in order to make him or her available to provide treatment within the 90 minute time frame discussed above. It is possible, however, that we may not be able to make that happen as rapidly as would be the case with our "on call" cardiology team.

By signing below, you are confirming that you wish for us to contact your personal cardiologist (or his/her covering group) so that they can provide the urgent treatment interventions recommended by your ED physician, that you understand and acknowledge the risks of delay in treatment.

Signed: _____ Date: _____ Time: _____

KEEP AS PART OF PERMANENT RECORD

